

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 DEC 31 AM 9:21
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5 FEC MAIL CENTER

COMMUNITIES APPLIED Policy STRATEGIES

ADDRESS (number and street)

7654 ISlay Avenue



Check if different
than previously
reported. (ACC)

Las Vegas

NV

891471-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00570531

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☒ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the
State of

State

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

State

5. Covering Period

11 / 19 / 2014

through

11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROBERT MARTINEZ

Signature of Treasurer

Robert Martinez

Date

12 / 22 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Communities APPLIED Policy Strategies

Report Covering the Period:

From:

11 / 19 / 2014

To:

11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	000	0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19)	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0000	0000
7. Total Disbursements (from Line 31)	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0000	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
 (check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text"/>
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text"/>
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text"/>
D. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text"/>
E. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text"/>
SUBTOTAL of Disbursements This Page (optional).....		<input type="text"/>
TOTAL This Period (last page this line number only).....		<input type="text"/>

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE OF

FOR LINE NUMBER:
 (check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMUNITIES APPLIED POLICY STRATEGIES

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	0000
Occupation	Aggregate Year-to-Date
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	
D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	
SUBTOTAL of Receipts This Page (optional).....	0000
TOTAL This Period (last page this line number only).....	0000

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) **COMMUNITIES APPLIED Policy Strategier**

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0000	0000
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	0000	0000
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0000	0000
8. RECEIPTS (from Line 3)	0000	0000
9. SUBTOTAL (Add Lines 7 and 8)	0000	0000
10. DISBURSEMENTS (From Line 6)	0000	0000
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0000	0000

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)
Communities Applied Policy Strategies

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement	Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE
0000			0000
		=	TOTAL AMOUNT
			0000

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement	Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement	Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
0000		0000	00000
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
000		000	000
TOTAL This Period for the Levin Share			

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

COMMUNITIES APPLIED Policy Strategies

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

0000

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

0000

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

0000

iii) GOTV

Total Amount Transferred for GOTV

GOTV

0000

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

0000

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

0000

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

0000

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

0000

iii) GOTV

Total Amount Transferred for GOTV

GOTV

0000

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

0000

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

0000

TOTAL This Period (Voter ID)

0000

TOTAL This Period (GOTV).....

0000

TOTAL This Period (Generic Campaign Activity).....

0000

TOTAL This Period (Total Amount of Transfers Received).....

0000

1-800-4-FEDS

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 21a OF FORM 3X

Communities Applied Policy Strategies

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
State			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Zip Code			Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:			<input type="text"/>		
Activity or Event Identifier:			<input type="text"/>		
Category/Type			Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

8. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party-only) by PAC		
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Activity or Event Identifier:		<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Category/ Type	Date <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div>		
FEDERAL SHARE		+	NONFEDERAL SHARE		=
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
State		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Zip Code		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Activity or Event Identifier:		<div style="border: 1px solid black; height: 40px; width: 80px; margin: 0 auto;"></div> Category/ Type	Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				0000

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
		0000

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Communities Applied Policy Strategies

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

COMMUNITIES APPLIED POLICY STRATEGIES

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0 %</p>	<p>NONFEDERAL %</p> <p>0 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0 %</p>	<p>NONFEDERAL %</p> <p>0 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0 %</p>	<p>NONFEDERAL %</p> <p>0 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0 %</p>	<p>NONFEDERAL %</p> <p>0 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0 %</p>	<p>NONFEDERAL %</p> <p>0 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0 %</p>	<p>NONFEDERAL %</p> <p>0 %</p>

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

COMMUNITIES APPLIED POLICY STRATEGIES

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) COMMUNITIES APPLIED Policy Strategia		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee	
	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/>		
		Amount	<input type="checkbox"/> 0000

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/>		
		Amount	<input type="checkbox"/> 0000

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/>		
		Amount	<input type="checkbox"/> 0000

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/> 0000
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/> 0000

1-800-4-FED-2009

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **01** OF **01**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ C00570531
-----------------------------	---

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on **12** / **22** / **2014**

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount 0000	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount 0000	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0000
(c) TOTAL Independent Expenditures.....▶	0000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Robert M. [Signature]* Date **12** / **22** / **2014**

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE	OF
------	----

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Communities Applied Policy Strategies

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period

୦୦୪୦

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0000

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

[illegible]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	0000
2) TOTALS This Period (last page this line number only).....▶	0000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0000

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

**Supplementary for
Information found on
Page of Schedule C**

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">Communities Applied Policy Study</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace;">C00570531</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; padding: 2px; font-family: monospace;">0000</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div> %
Mailing Address		Date Incurred or Established <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div>	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div>
City	State Zip Code	Date Due <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div>	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div>
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div></p> <p>B. If line of credit, Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; font-family: monospace;">0000</div> Amount of this Draw: <div style="border: 1px solid black; padding: 2px; font-family: monospace;">0000</div></p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <div style="float: right; width: 30%;"> What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; font-family: monospace;">0000</div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <div style="float: right; width: 30%;"> What is the estimated value? <div style="border: 1px solid black; padding: 2px; font-family: monospace;">0000</div> </div> <div style="clear: both;"></div> <p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div> Location of account: _____ Address: _____ City, State, Zip: _____</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p> <p>G. COMMITTEE TREASURER Typed Name <u>Robert Martinez</u> Signature <u>[Signature]</u> DATE <div style="border: 1px solid black; padding: 2px; font-family: monospace;">12/22/2014</div></p> <p>H. Attach a signed copy of the loan agreement.</p> <p>I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>			
AUTHORIZED REPRESENTATIVE Typed Name		DATE	
Signature		<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div>	
Title		<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> / / </div>	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

COMMUNITIES APPLIED POLICY STRATEGIES

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- ☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

0000

0000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

0000

TOTALS This Period (last page in this line only) ▶

0000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

110001-110001-110001

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMUNITIES APPLIED POLICY STRATEGIES

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Communities Applied Policy Strategies

A.		Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address				MM / DD / YYYY	
City		State Zip Code			
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period	
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial)				Date of Receipt	
B.		Mailing Address		MM / DD / YYYY	
City		State Zip Code			
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period	
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial)				Date of Receipt	
C.		Mailing Address		MM / DD / YYYY	
City		State Zip Code			
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period	
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional).....▶				0000	
TOTAL This Period (last page this line number only).....▶				0000	

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **penditures**

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0000	0000
(ii) Non-Federal Share.....	0000	0000
(b) Other Federal Operating Expenditures	0000	0000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0000	0000
22. Transfers to Affiliated/Other Party Committees	0000	0000
23. Contributions to Federal Candidates/Committees and Other Political Committees	0000	0000
24. Independent Expenditures (use Schedule E)	0000	0000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0000	0000
26. Loan Repayments Made	0000	0000
27. Loans Made	0000	0000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0000	0000
(b) Political Party Committees	0000	0000
(c) Other Political Committees (such as PACs)	0000	0000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0000	0000
29. Other Disbursements	0000	0000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	000	000
(ii) "Levin" Share	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	000	000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	000	000

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Communities Applied Policy Strategies

Report Covering the Period:

From:

11 ' 19 ' 2014

To:

11 ' 24 ' 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

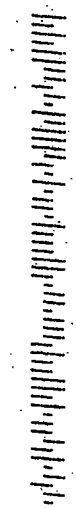
(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

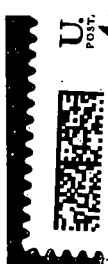
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶



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VEGAS, NV
89147




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Washington DC

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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	12/31/14 DATE PREPARED

12/31/14 11:00 AM